

UTAH DEPARTMENT OF HEALTH, PRIOR AUTHORIZATION REQUEST FORM
CIMZIA (certolizumab) for Rheumatoid or Psoriatic Arthritis

Patient name: _____ Medicaid ID #: _____

Prescriber Name: _____ Prescriber NPI#: _____ Contact person: _____

Prescriber Phone#: _____ Extension/Option: _____ Fax#: _____

Pharmacy: _____ Pharmacy Phone#: _____ Pharmacy Fax #: _____

Requested Medication: _____ Strength: _____ Frequency/Day: _____

All information to be legible, complete and correct or form will be returned

**FAX DOCUMENTATION FROM PROGRESS NOTES OR IN LETTER OF
MEDICAL NECESSITY TO 855-828-4992**

CRITERIA:

- Age requirement: 18 years and older
- One of the following diagnoses:
 - Psoriatic arthritis
 - OR
 - Moderate to severe rheumatoid arthritis.
 - Patients with RA must have at least 6 swollen joints or 9 tender joints (please write the specific number and locations in your medical notes or letter).
- History of treatment, incomplete response or intolerance to at least one of the following agents: methotrexate, azathioprine, sulfasalazine, leflunomide, penicillamine or hydroxychloroquine.
- Negative TB skin test or history of treatment for latent TB infection.
- Absence of active bacterial or viral infection, malignancy, or immunosuppressive condition.
- Rheumatology consultation within the last 60 days.
- Cimzia may not be given with other biologic agents such as interferon, experimental medications or combination.

NOTES: Available as a Non-Traditional Medicaid Benefit.

AUTHORIZATION: 1 year

RE-AUTHORIZATION: An updated letter of medical necessity or progress notes showing improvement or maintenance on medication.

10/01/2013

<http://health.utah.gov/medicaid/pharmacy>